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MORRIS OBRYANT COMPAGNI, P.C.
 734 EAST 200 SOUTH
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OCT 15 2007

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Julie K. Morriss

(Depositor's name)

Julie K. Morriss

(Signature)

October 11, 2007

(Date)

10/16/2007 SSESHE2 00000064 500881 10560463

01 FC:1504 300.00 DP

02 FC:1501 40.00 DA 1400.00 DP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/560,463	12/14/2005	Craig Ian Walker	3387.WWAR.PT	3062

TITLE OF INVENTION: PUMP IMPELLER

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/20/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
WHITE, DWAYNE J	3745	415-098000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 MORRIS

2 O'BRYANT

3 COMPAGNI

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Weir Minerals Australia Ltd.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

AUSTRALIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee☒ Publication Fee (No small entity discount permitted)☐ Advance Order - # of Copies _____

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☐ A check is enclosed.☒ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0881 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Julie K. Morriss

Date

October 11, 2007

Typed or printed name

Registration No.

33,263

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	10/560,463
		Filing Date	December 14, 2005
		First Named Inventor	Craig Ian Walker
		Group Art Unit	3745
		Examiner Name	White, Dwayne J.
Total Number of Pages in This Submission (including this sheet)	3	Attorney Docket No.	3387.WWAR.PT

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check for \$_____ <input checked="" type="checkbox"/> Credit card authorization for \$ 1,700 <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings ____ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input checked="" type="checkbox"/> Issue Fee Transmittal	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant		Julie K. Morriss, Registration No. 33,263 MORRISS O'BRYANT COMPAGNI, P.C. 734 East 200 South Salt Lake City, Utah 84102 (801) 478-0071 telephone; (801) 478-0076 facsimile	
Signature	<i>Julie K. Morriss</i>	Date	10-11-07
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I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, on the date indicated below, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.			
Typed or Printed Name		Julie K. Morriss	
Signature	<i>Julie K. Morriss</i>	Date	10-11-07